## Hawaii Employer-Union Health Benefits Trust Fund Active Employee COBRA – Monthly Premium Rates Effective July 1, 2004 through June 30, 2005

## **Medical/Drug Plans**

<u>Single</u>	<b>Family</b>
\$253.02	\$763.40
\$258.71	\$776.13
\$1.27	\$2.63
\$53.99	\$166.21
\$158.12	\$482.92
\$140.76	\$335.58
\$40.80	\$127.50
	\$253.02 \$258.71 \$1.27 \$53.99 \$158.12 \$140.76

## **Dental Plans**

	Single	<u>Family</u>
Regular Plan	\$26.03	\$74.37
Dual Coverage Plan	\$15.31	\$44.31

## **Vision Plans**

	Single	<u>Family</u>
Regular Plan	\$6.00	\$12.92
Dual Coverage Plan	\$3.38	\$7.30

Print Date: 6/4/2004